FINAL EXPENDITURE/GRANT REIMBURSEMENT REQUEST
NORTH DAKOTA STATE LIBRARY
SFN 54009 (6-2010)

For reimbursement requests, the State Library is required to have a current W-9 on file from the library requesting reimbursement.

You may request payments monthly, quarterly, or periodically. Attach copies of paid invoices or other proof of payment.

Name of Library	Mailing Address of Library	
Date of Request	Name of person making request	
Telephone Number of Requester	Email Address of Requester	
Name of Grant or Program	Date of Award (date on award letter received)	

Description of items included in this reimbursement request.

LIST QUANTITY & ITEM(S) PURCHASED	DESCRIPTION OF ITEMS LISTED	REIMBURSEMENT REQUESTED	MATCHING FUNDS (If Relevant)
(List each item on a separate line, e.g., computers on one line, printers on another, software the next, system expense, and so forth. Attach another sheet if needed.)		REIMBURSEMENT TOTAL REQUESTED	TOTAL MATCHING FUNDS (If Relevant)

I certify that this payment request covers items that were approved in the grant award.

Project Director Signature	Date

FOR NDSL OFFICE USE ONLY

Date	Amount	Code	Initial for Authorization